# STATE OF NEW HAMPSHIRE

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JUL 2 1 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

# 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) PLEASE PRINT

II. Name of lobbyist's partnership, Bianco Professional Asso	_	ny:	
(Name of partnership			
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 225-7170 (Telephone)	(603) 226-0165 (Fax)	e-mail_attys@b	iancopa.com_
III. This statement covers: (Choose reportable expense transactions wh			y file a separate report f
☑ All reportable transactions occurr	ing in the months prior to	the reporting date relative to the	e following client:
NH Dental Society (Full Name of	Client as it appears on the Lo	bbyist Registration Form)	
<u>OR</u>		• • • • • • • • • • • • • • • • • • • •	
☐ All reportable transactions by the unrelated to any particular client.	lobbyist (including the lob	byist's family), or the lobbying	firm listed below which a
IV. Date of Report April 26, 20 Reports cover: activity from date of	17 $\Box$ registration to 3/31/17	July 26, 2017 X  activity from 4/1/17 to 6/30/17	
October 25, activity from 7/1	2017 🗀	January 31, 2018 [ activity from 10/1/17 to 12/31/	(17
V. There have been no fees rece If this box is checked, complete just to Concord, NH 03301.	ived and no reportable his form and submit it to th	transactions made since the Secretary of State's Office, S	ne last report.   \[ \begin{aligned} \text{tate House, Room 204,} \end{aligned} \]
VI. Theck if additional reports are	attached:		
If you have received fees or mad		ile <b>Addendum A</b> – Fees and Ex	rpenses
☐ If you have paid an honorarium of Expense Reimbursement	or reimbursed expenses, yo	ou must file <b>Addendum B</b> – Rep	port of Honorariums or
If you, your firm, or your family	has made political contrib	utions, you must file Addendu	m C- Political Contribution
Sworn Statement/Affirmation by I I have read RSA 15, RSA \$5-B, BSA	ebbyist	erehy swear or affirm that the f	oregoing information is tr
and complete to the best of my know	ledge and belief.	7/19/17	
(Signature of lobbyist)		(Dat	<u>e)</u>
James J. Bianco, J.			
(Print Name of lobbyist)			

# PLEASE PRINT

# STATE OF NEW HAMPSHIRE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:		
Bianco Professional Association		
(Name of partnership, firm or corporation)		
III. Name of Client New Hampshire Dental Society	Date	07/19/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or	public relations service
a) Total of all fees received in this reporting period	a) \$11	,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).		,160
c) Total of all fees received to date (Add lines a and b)	c) \$22	2,160
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if of may be filed a aggregate to expenses; (b) le: meals pur ss than \$10 to do with a valuating periodule of greater than \$25, expense rei	expenditures are made to for the lobbyist(s)/firmotal of all expenses pathe aggregate total of a rehased during a busine that is given to the personal of greater than \$25.00 for than \$25, purchase of but not greater than \$5 imbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$11	,000,
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.		
c) Total of all itemized expenditures reported in detail in section VI.	0 20	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 11,000
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 11,160
f) Total of all expenses year to date	f) \$ 22,160
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
	07/19/17
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.  (Print Name of lobbyist)	
(i thit ivalie of foodyist)	

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partne	ership, firm, or corpo	ration: Bianco Professi	onal Association
			corporation and not related to any
particular client): NH E	ental Society		to Van al madentaria.
Date of Report (check or	1e):		
April 26, 2017 □	July 26, 2017 🖄	October 25, 2017 □	January 31, 2018 □
	ns submitted with the		d Expenses described above, and imber of Addendum forms being
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of m			t and each Addendum is true and  >([5(30(7) (Date)
Adam Schmidt			
(Print Name of lobbyist)			

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

**Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:** 

Name of Lobbying partne	rship, firm, or corpo	ration: Bianco Profess	ional Association
			corporation and not related to any
particular client): NH De	ental Society		
Date of Report (check on	e):		
April 26, 2017 □	July 26, 2017 🕱	October 25, 2017 □	January 31, 2018 □
			d Expenses described above, and umber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm to complete to the best of my			nt and each Addendum is true and
(Signature of lobbyist)	rey Fed	<u></u>	The Date
Kathy Corey Fox			
(Print Name of lobbyist)		· <del></del>	

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Statem	ent/Affir	mation	by :	Lobbyis	ŧ
Statem	ent of I	ncome ai	nd Expe	nse	s for:	

Name of Lobbying partnership, firm, or	corporation: Bianco Professional Association
	nt is for the partnership, firm, or corporation and not related to any
particular client): NH Dental Societ	у
Date of Report (check one):	
April 26, 2017	☑ October 25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 6 the following Addendums submitted w submitted):	664, the Statement of Income and Expenses described above, and with that Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the forego complete to the best of my knowledge a (Signature of lobbyist)	oing information on the Statement and each Addendum is true and and belief.
Karen Soucy	
(Print Name of lobbyist)	